

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR FRANKING AND PROCESSING DELIVERIES
Attorney Docket Number::	2001P02943WOUS
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: MANFRED
Middle Name::
Family Name:: BOLLER
City of Residence:: HOHENTENGEN
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: MARKTWEG 5

City of Mailing Address:: HOHENTENGEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: D-79801

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWITZERLAND
Status:: Full Capacity
Given Name:: WILHELM
Middle Name::
Family Name:: MALER
City of Residence:: WETTINGEN
State or Province of
Residence::
Country of Residence:: SWITZERLAND
Street of Mailing Address:: NEUFELDSTRASSE 13B

City of Mailing Address:: WETTINGEN
State or Province of Mailing Address::
Country of Mailing Address:: SWITZERLAND

Postal or Zip Code of Mailing Address:: CH-5430

Correspondence Information

Correspondence Customer 28204

Number::

Representative Information

Representative Customer	28204
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/EP02/00698	1/24/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	01 017 338.4	3/24/01	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::